Physical Activity in Utah

April, 1998

Benefits of Physical Activity:

In 1996 the Surgeon General released a landmark document, *Physical Activity and Health: A Report of the Surgeon General.* The report highlighted decades of research about physical activity and its health impact. Among the key findings were the following:

✍people who are usually inactive can improve their health and well-being by becoming moderately active on a regular basis;

✍physical activity need not be strenuous achieve to health benefits and; ✍greater health benefits can be achieved by increasing the amount of physical activity.[1]

Any body movement produced by muscles that results in burning of calories (energy) is physical activity. Most adults commonly participate in physical activities on the job, around the house, during leisure time, or even for transportation. Stair climbing, housecleaning, and walking are all common physical activities. The amount of physical activity necessary to improve health is within the reach of most people— 30 minutes of moderate physical activity 5 or more days of the week.[2]

Moderate physical activity is equal to physical activity that uses about 150 calories per day, or 1,000 calories per week. For people just starting to be active, moderate physical activity may be easier to begin and maintain than vigorous activity such as running, jogging or aerobic classes.

Moderate Physical Activity:

- walking a 20 minute mile.
- shoveling snow for 15 min.
- stair-walking for 15 min.
- playing volleyball for 45 min.
- bicycling 5 miles in 30 min.
- swimming laps for 20 min.
- jumping rope for 15 min.

Just 30 minutes a day of moderate physical activity can offer these health benefits:

•Reduce risk of dying prematurely.
•Reduce the risk of dying prematurely from heart disease.
•Reduce the risk of developing diabetes.
•Reduce the risk of developing high blood pressure.
•Help reduce blood pressure in people who already have high blood pressure.

All children and adults should set and reach a goal of accumulating at least 30 minutes of moderate intensity physical activity on most, and preferably all, days of the week.

•Reduce the risk of developing colon cancer.
•Reduce feelings of depression and anxiety.
•Help control weight.
•Help build and maintain healthy bones, muscles and joints.
•Help older adults become stronger and better able to move without falling.
•Promote psychological well-being.[3]

Despite the benefits of being physically active, current patterns show that most Americans are not active. Nationally, more than 60 percent of adults engage in little or no leisure time activity.[4]

Healthy People 2000 Health Status Objective 1.3 for physical activity is to increase to at least 30 percent the proportion of people age 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. Utah Behavioral Risk Factor Surveillance System (BRFSS) data collected from 1985-1996 showed an average of 25.1 percent of Utahns, ages 18 and older, engage regularly in light to moderate physical activity for at least 30 minutes per day.

Utah=s Physical Activity Trend 1985-1996: For this report Aphysical inactivity@ or Asedentary@ was defined as a person who had fewer than three, 20 minute sessions of leisure time physical activity per week.

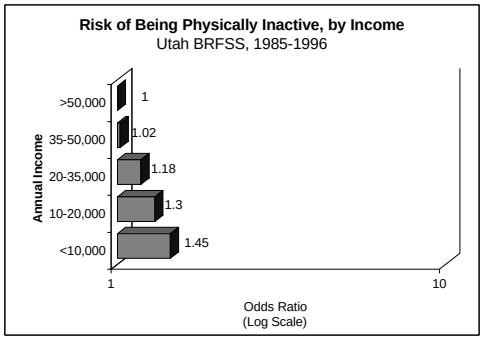
Results of these data indicate that over the past ten years, physical activity levels of Utahns have nei-

ther increased nor decreased. Approximately half of all adult Utahns are sedentary which puts them at greater risk for cardiovascular disease and other lifestyle related diseases.

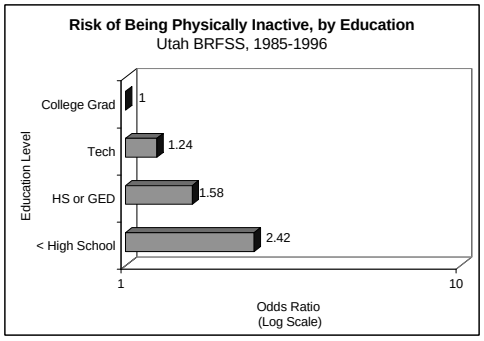
During 1985-1996, the trend test for sedentary lifestyle was not significant (p=.75426, X^2=.09799), meaning that there was no trend toward either an increase or decrease in physical activity for adult Utahns during this time.

Multiple logistic regression analysis of the Utah BRFSS data showed that income (p<0.00), Body Mass Index (p<0.00), education (p<0.00), race (p<0.00), gender (p<0.00), marital status (p<0.00), and employment level (p<0.00), were all independently related to whether or not a person was sedentary.

The odds ratios (OR) is a measure of how likely it is that someone will be sedentary, comparing different levels of a predictor variable (e. g. education). This means that for:
✦ Income - with each decrease in a household income category there was an increasing risk of being sedentary. Those with less than



$10,000 income were nearly one and a half times more likely (OR = 1.45) to be sedentary as those with incomes of greater than $50,000.
✦Body Mass Index (BMI) - Those who reported being morbidly obese were 1-1/2 times more likely to be sedentary than those not overweight (OR= 1.54). BMI is calculated by taking weight in kilograms, divided by height in meters squared. Males with BMI greater than 31 and women with BMI greater than 32.2 were considered morbidly obese.
✦ Education - Utahns with less than a high school diploma were almost 2 1/2 times more likely to be sedentary as those with a college degree (OR=2.42). Those with a high school diploma or GED and those



with technical school training were also slightly more likely to be sedentary (OR=1.58 and 1.24 respectively).
✦Race- Non whites in Utah were 45 percent more likely (OR=1.45) to be sedentary than whites.

✦Gender- Males in Utah were only slightly more likely than females to be sedentary (OR=1.15).

✦Employment- Compared with employed Utahns those who where unemployed or Ahomemakers, students or retired@ were less likely to be sedentary (OR=.98 and .69 respectively).

✦Marital Status- Compared with married Utahns, those who were widowed or separated were more likely to be sedentary (OR=1.26). Those who were never married or who were divorced were less likely to be sedentary (OR=.65 and .83 respectively).

✦There were no significant differences between age and location of residence (rural vs. urban) and the likelihood of being sedentary.

Strategies to increase physical activity in Utah

To influence physical activity levels, programs must move from face to face contact to more broadly based, multifaceted community interventions grounded in theories of health education, behavior change and social marketing. These interventions should be implemented and evaluated in a variety of settings, including schools, worksites, communities, and health care sites.

Strategies should include education and awareness promoting the new guidelines for physical activity as outlined in the Surgeon General's Report. Additional strategies should include policy and environmental actions that support, promote and facilitate a personal commitment to physically active lifestyles.

Education and awareness messages to increase physical activity should include components to increase self-efficacy, skills to overcome barriers, and ways to easily incorporate physical activity into daily life.
Recommendations include:

◆**Schools**. Most children aged 6-16 spend a majority of the day at school, therefore making schools a valuable resource for promoting healthy lifestyles. It is very likely that physical activity skills and behaviors started in elementary school

will carry through youth and adulthood.[5] Promoting physical activity in schools may also influence family activity levels.[6]

Both physical education and health education curriculum should include increased knowledge and skills for healthy lifestyles including physical activity. Teachers should

participate in inservice skill building to increase ability to teach physical education.

In Utah, state education curriculum guidelines strongly recommend that schools provide students with 90 minutes of structured physical education each week. Physical education programs should focus on skill development for activities that can be enjoyed for a lifetime.

♦**Worksites**. Worksites provide a captive audience for promoting healthy lifestyles. The worksite also provides an opportunity for people to be physically active in a safe and convenient environment while providing social support.

Worksite health promotion programs can range from very basic to comprehensive. At the minimum, employers can provide supportive policies and environments for healthy lifestyles including physical activity.

♦**Communities**. Community members can be actively involved in promoting physical activity in their neighborhoods. They can advocate for safe and affordable activities and facilities, increasing opportunities to be physically active. This may include, but not be limited to, street bicycle lanes, walking and jogging paths, parks with playground equipment, and improved lighting on streets and sidewalks.

♦**Health Care Sites**. Utah BRFSS data in 1996 revealed that 85 percent of respondents see a health care provider on a regular basis. National estimates show that Americans average 2.7 office visits per person per year, and 60 percent of these visits occur in a primary care setting. Health care providers can provide a critical link to encourage people to incorporate physical activity in to daily life.

However, most physicians do not counsel their patients about physical activity. One reason many physicians do not counsel patients on behavior change is because of perceived effectiveness as a counselor and lack of training in behavioral counseling.[7] Core medical training or continuing education for health care providers should include training on how to talk with patients about taking steps toward increasing physical activity.

Current public health programs for physical activity

The Utah Department of Health in collaboration with local health departments and local voluntary agencies, promotes physical activity in a variety of ways.

♦***Eat Smart, Move Smart*** is a statewide, multi-year campaign to encourage women aged 20-40 to increase physical activity and eat 5-fruits and vegetables each day.

♦***Fitness Fantastics*** provides teacher training to improve skills and comfort level of teaching physical education. Schools also receive a one-time, half hour assembly on physical activity. This assists schools with meeting the education core curriculum guidelines of 90 minutes of structured physical education each week.

♦***FIT KIDS*** is Utah's model for comprehensive school health. Schools meet eight criteria, two of which are physical education and staff wellness. All schools are to provide 90 minutes of structured physical education each week.

♦***Release time for physical activity***. Most State of Utah departments have a policy that allows employees to use an extra half hour at lunch, three days a week to be physically active.

♦***The Governor's Council on Health and Physical Fitness Worksite Health Promotion Conference*** is an annual conference addressing emerging issues in worksite health. Exemplary programs are recognized through the annual Worksite Health Promotion Awards.

♦***Healthy Utah*** is a worksite program offered to all State of Utah and other public employees and spouses. Members can earn cash incentive rebates from Public Employees Health Plan for regular physical activity.

Despite the years of health professionals admonishing the public to "exercise" 3-5 days per week for 20-60 minutes, physical activity levels in Utah have remained stable. The challenge is to develop and support public health initiatives that will encourage and support Utahns to incorporate the new Surgeon General's guidelines for physical activity, accumulating at least 30 minutes of moderate intensity physical activity on most, preferably all, days of the week.

References:

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5. Harsha, D.W. The benefits of physical activity in childhood. Am J Med Sci 1995; 310 (suppl1):S109-S113.

6. Moore, L.L., et al., Influence of parents' physical activity levels on activity levels of young children. J Pediatrics 1991;118:215-219.

Physical In-Activity In Utah by Demographics, BRFSS 1985-1996

Year	1985	1986	1987	1988	1989	1990	1991	1992		1994		1996
% Sedentary	47.6	49.1	49.9	49.2	49.1	48.8	46.8	48.2		53.8		46.7
Male	49.2	50.2	51.2	52.2	50.8	49.7	49.0	50.4		54.9		47.8
Female	46.0	48.1	48.7	46.4	47.5	47.9	46.2	46.0		52.7		45.6
18-24	47.2	35.3	47.8	46.1	45.2	50.6	36.7	43.8		48.1		44.0
25-39	44.2	54.9	52.4	49.8	51.0	45.8	48.8	49.3		53.3		47.8
40-59	49.5	48.3	49.8	47.6	50.5	52.5	50.4	49.0		52.9		49.2
60+	52.8	57.0	48.1	54.7	48.7	48.3	51.5	48.9		61.9		42.8
<High School Graduate	65.2	63.8	69.6	67.7	57.8	62.7	61.3	66.9		70.7		59.0
H.S. Grad or GED	47.1	52.0	52.7	54.0	57.0	51.3	53.5	58.1		56.7		49.7
Tech or Some College	46.2	47.5	47.0	47.7	44.0	47.1	43.9	44.2		52.2		47.4
College Graduate	40.6	39.7	41.6	36.6	41.2	43.0	41.0	35.8		48.1		39.7
<$10,000 annual income	52.7	46.8	52.3	53.9	54.1	56.9	51.1	52.8		58.0		53.6
$10,000-20,000	46.2	55.1	53.7	55.5	54.1	50.5	52.1	55.0		54.5		53.8
$20,000-35,000	49.3	49.1	51.1	50.8	48.7	47.8	49.5	49.0		55.7		49.0
$35,000-50,000	39.4	44.0	46.9	39.9	44.1	45.4	46.5	47.9		55.1		44.8
>$50,000	65.9	51.3	56.3	48.5	48.4	47.9	40.0	37.6		46.2		40.3
Employed	48.9	51.6	53.0	49.7	52.1	50.5	49.5	50.4		53.7		48.1
Unemployed	52.7	46.1	43.4	61.8	67.3	59.5	51.3	54.3		50.8		65.5
Home/Student/Retired	44.7	44.9	44.8	47.0	42.3	44.8	43.3	43.1		54.5		40.8
Rural	46.5	48.3	44.7	53.4	51.6	47.4	N/A	44.5		54.9		46.2
Urban	51.8	47.9	51.3	49.0	48.3	49.0	N/A	49.4		53.3		48.0

This table represents Utahns who answered BRFSS questions on physical activity patterns. The information provided here is adjusted to the estimated age/sex distribution in Utah and probability of being drawn in to the sample. For rural/urban, in 1985-1989 telephone prefixes were used to code data, and starting in 1990, county codes were used. The Centers for Disease Control and Prevention concluded that the physical activity data did not change significantly enough to warrant yearly data points, consequently beginning in 1993, the physical activity questions were asked every other year.

The data come from the Behavioral Risk Factor Surveillance System (BRFSS), a monthly telephone survey funded by the Centers for Disease Control and Prevention and conducted by the Utah Department of Health, Bureau of Health Education. Each month, randomly selected adult Utahns (18 years of age and older) were asked questions about their health habits. Questions about physical activity included: AIn the past month, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?@, AWhat type of physical activity or exercise did you spend the most time doing during the past month?@, and AHow many times per week or per month did you take part in this activity during the past month?@

☎ For more information on physical activity programs in Utah contact: Physical Activity Program Manager, at (801) 538-6120.

☎ For more information about the BRFSS in Utah contact: BRFSS Coordinator, at (801) 538-6120.

7. Dishman, R.K., and Buckworth, J. Increasing physical activity: a quantitative synthesis. Med and Sci in Sports and Exer 28:(6): 706-719, 1996.

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